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presenting cells to prime naïve (MS) that does not express the extracted peptides from the H phase HPLC (RP-HPLC), and 12 of the 65 individual CD8 positive fractions by electross process of acquiring the amin	ve T cells against peptice known breast tumor-s ILA Class I molecules of loaded onto DCs to put T cell cultures recognished mass spectromet acid sequences of the	des and proteins is specific antigens, M of the tumor, fractinime naïve CD8 <sup>+</sup> T nized the original try yielded 8 peptihese peptides. We	dendritic cells (DCs) as antigen olated from an epithelial tumor IUC-1 and Her-2/neu. We have onated the peptides by reversecells. Our results showed that tumor. Further analysis of the ide candidates. We are in the shave also fractionated protein naïve CD4 <sup>+</sup> T cells. Our first

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attempt yielded an immunostimulatory fraction that contained predominantly two proteins of 17 kD and 19 kD. We have repeated this process, and our results showed 12 of the 52 individual CD4<sup>+</sup> T cell cultures recognized the original tumor. We are in the process of characterizing the identity of these

positive protein fractions

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### INTRODUCTION

The prospect of successful immunotherapy against breast tumors relies on the discovery of tumor-specific antigens and their ability to stimulate immune responses in the host. Previous studies done to identify tumor-specific antigens utilized tumor cells and tumor-reactive T cells isolated from cancer patients to generate secondary responses to the tumor antigens in vitro. The problem with this approach was two-fold: one was that it used tumor cells, which were poor antigen presenting cells, and two was that it used T cells from cancer patients, which have been shown to be defective in cancer patients. Thus, it was difficult to generate any notable T cell responses to the tumor, thereby preventing the discovery of new tumor antigens. The goal of this project is to create a new tumor antigen discovery system using human dendritic cells and autologous T cells from healthy donors to identify new tumor-specific antigens. We hypothesize that by using naïve T cells from healthy donors along with the newly established and powerful dendritic cell-based in vitro priming system, we could circumvent the problem of tumor-induced immunosuppression in vivo and uncover new tumor antigens that have eluded detection in previous studies.

### **BODY**

## I. Technical Objectives

The project continues to follow the original technical objectives:

- 1. To use human dendritic cells to prime *in vitro* naïve, autologous CD8<sup>+</sup> T cells to peptides eluted from HLA Class I molecules of the tumor, MS
- 2. To use human dendritic cells to prime naïve, autologous CD4<sup>+</sup> T cells to fractionated tumor cell lysates of the tumor, MS
- 3. To clone the genes pertinent to the identified immunogenic tumor peptides and/or proteins

### II. Studies & Results

<u>Technical Objective #1: To use human dendritic cells to prime in vitro naïve, autologous CD8<sup>+</sup> T cells to peptides eluted from the HLA Class I molecules of the tumor, MS.</u>

In our last annual report, we demonstrated our success in eluting peptides from HLA Class I molecules of the tumor, as well as successfully fractionating the peptides on the HPLC. Here I will describe the conclusion of that first attempt (RUN I) using MS as well as the results from the second attempt (RUN II) done with MS-A2 (MS transfected with HLA-A2).

In our first run, after successfully eluting and fractionating the peptides on the HPLC, we loaded the individual peptide fractions onto dendritic cells and used them to primed autologous naïve CD8<sup>+</sup> T cells. The CD8<sup>+</sup> T cell cultures were then restimulated every 7-10 days with macrophages and peptides, and by the 3<sup>rd</sup> restimulation, we switched to using the original tumor (irradiated) as stimulators. Initially, we were concerned that

we would not see differences in the T cell cultures after priming with their individual peptide fractions, due to the enormous priming potential of the dendritic cells. However, we started observing differences among the different CD8<sup>+</sup> T cell cultures primed with different fractions. The differences among the different CD8<sup>+</sup> T cell cultures became more pronounced as more restimulations were done, and by the 7<sup>th</sup> restimulation, about ~50% of the CD8<sup>+</sup> T cell cultures were dead. This suggested that we were successful in providing antigenic selection to the T cell cultures.

We repeated the same procedure using the MS-A2 tumor (MS transfected with HLA-A2) with an HLA-A2<sup>+</sup> LRP (leukocyte research product; our source of DCs and T cells) donor. Briefly, we purified the HLA Class I molecules using the protein Asepharose -W6/32 immunoaffinity column, eluted the molecules from the column, and acid-extracted the bound peptides. We then concentrated the peptides and fractionated them using RP-HPLC. The procedure to this point has been successfully repeated, allowing us to generate class I -extracted peptides when needed. This confirms our success of Task 1 as outlined in the Statement of Work. The fractionated peptides were then individually loaded onto dendritic cells and used to prime naïve, autologous CD8+T cells. The T cell cultures were then restimulated every 7-10 days using autologous macrophages and peptides until the 4th week, where we started using irradiated tumor as stimulators. Similar to the previous run, we saw differences among the different T cell cultures over a period of 5-6 weeks. To assess the specificity of these T cell cultures, we tested these T cells on their ability to recognize and kill the original tumor, MS-A2. Our results showed that 12 of the 65 individual CD8<sup>+</sup> T cell cultures were able to recognize and kill the original tumor, suggesting that our priming procedure was successful in generating tumor-specific T cell lines. Interestingly, one of these CD8 T cell cultures (one primed with fraction #32 peptides) was also capable of killing an established lung tumor cell line, 201T-A2, suggesting that perhaps the antigen in fraction #32 is a shared tumor antigen. In summary, these results suggests the presence of potential tumor antigens in each of these 12 peptide fractions, of which we attempted to characterize using mass spectrometry (see Technical Objective #3). Our success in priming and generating tumor-specific T cell lines addresses Task 2 from the Statement of Work.

Our emphasis to date has been on the generation of tumor-specific T cell clones using dendritic cells as our priming system. This has been worked on and addressed in Tasks 1& 2 of the Statement of Work in this year and last year's annual report. Since we have been successful in priming CD8<sup>+</sup> T cells, and have identified antigenic peptide fractions, we believe our priority is to continue the pursuit of the antigen discovery process and identify new tumor antigens. Thus, we will place a hold on the priming studies in which we propose to use the tumors as antigen-presenting cells as listed in Task 3 from the Statement of Work.

<u>Technical Objective #2: To use human dendritic cells to prime naïve, autologous CD4<sup>+</sup> T cells to fractionated tumor lysates of the tumor, MS</u>

In our last annual report, we demonstrated our success in fractionating protein extracts via RP-HPLC. Here I will describe the conclusion of that first attempt (RUN I) using MS as well as the results from the second attempt (RUN II).

In our first run, after successfully fractionating the protein extracts by HPLC, we loaded the individual protein fractions onto dendritic cells and used them to primed autologous naïve CD4<sup>+</sup> T cells. By the 4<sup>th</sup> restimulation, we were able to see differences among the individual CD4<sup>+</sup> T cell cultures. Similar to the CD8<sup>+</sup> T cell cultures, the differences among the CD4<sup>+</sup> T cell cultures became more pronounced as more restimulations were done. By the 9<sup>th</sup> restimulation, most of the CD4<sup>+</sup> T cell cultures died because of mycoplasma contamination, except for the CD4<sup>+</sup> T cell cultures that were primed with protein fraction #2 and fraction #44. The CD4<sup>+</sup> T cells primed with protein fraction #2 died a few weeks later, so we focused our attention to the CD4<sup>+</sup> T cells primed with protein fraction #44, which were still alive after 16 restimulations.

To further analyze the content and immunostimulatory capacity of protein fraction #44, we subfractionated #44 using a shallow gradient of acetonitrile on a C4 column and collected 10 sub-fractions (#44.1-#44.10). Silver staining of the sub-fractions showed 7 visible bands in fraction #44.6 (predominantly ~17 and 19 kD, with faint bands at ~27, 29, 34, 26, and 51 kD), correlating with immunostimulatory activity as detected in a proliferation assay using fraction #44-primed T cells. We are in the process of further separating these protein bands and correlating with immunostimulatory activity. Our eventual goal is to identify and sequence the protein(s).

For the next run, we repeated the same procedure as above with a different donor LRP. The fractionated protein extracts were then individually loaded onto dendritic cells and used to prime naïve, autologous CD4<sup>+</sup> T cells. The T cell cultures were then restimulated every 10-12 days using autologous macrophages and protein fractions. Similar to the previous run, we saw differences among the different T cell cultures over a period of 5-6 weeks. To assess the specificity of these T cell cultures, we tested these T cells on their ability to recognize the original tumor in a proliferation assay. Our results showed that 12 of the 52 individual CD4<sup>+</sup> T cell cultures were able to recognize and proliferate in response to the original tumor, suggesting that we were successful in generating tumor-specific CD4<sup>+</sup> T cell lines. Further characterization of the T cell lines showed that  $\sim 93 - 96$  % of the cells were CD4 positive, indicating that we were indeed maintaining CD4 T cell cultures. In contrast, the T cell cultures that did not recognize the original tumor consisted of only 50-70% CD4<sup>+</sup> T cells. In summary, these results suggest the presence of potential protein tumor antigens in each of these 12 protein fractions. We are currently in the process of characterizing these protein fractions. Our success in priming and generating tumor-specific T cell lines addresses Task 4 of the Statement of Work.

Similar to the priming of CD8<sup>+</sup>T cells, our emphasis to date has been on the generation of CD4<sup>+</sup> tumor-specific T cell clones using dendritic cells as our priming system. This has been worked on and addressed in *Tasks 4* of the *Statement of Work* in this year and last year's annual report. Since we have been successful in priming CD4<sup>+</sup> T cells, and have identified antigenic protein fractions, we believe our priority should be to continue the pursuit of the antigen discovery process and identify new tumor antigens. Thus, we will place a hold on the priming studies in which we propose to use the tumors as antigen-presenting cells as listed in *Task 5* from the *Statement of Work*.

## <u>Technical Objective #3: To clone the genes pertinent to the identified tumor peptides</u> <u>and/or proteins</u>

In our last annual report, we did not address this technical objective because we had to establish the in vitro priming system first before progressing to this part of the project. Here I will describe our attempts to characterize the peptides identified in Technical Objective #1 and deduce its amino acid sequences.

After identifying the 12 positive peptide fractions (as defined by T cell reactivity to the original tumor), we decided to analyze the samples via electrospray ionization mass spectrometry. Since the peptides were extracted from the cleft of HLA class I molecules, we expected peptides of 8-12 amino acids, corresponding to a m/z ratio of between 700-1300 Daltons. In addition, another criteria we used in identifying peptides for sequencing was based on the amount of the peptide available in the sample, which had to be enough for sequencing (at least 1 x 10<sup>5</sup> ion current). Based on the above two criteria, we identified 8 peptide species from the 12 positive fractions. The fact that we were able to detect peptides in our mass spectrometric profiles was further confirmation that our acid-extraction procedure of peptides from HLA Class I molecules was successful. The next step was to determine the sequence of these peptides.

Our attempts to sequence the peptides by tandem mass spectrometry have been moderately successful, since the amount of peptides we had was on the low end of the mass spectrometer detection level. We are excited about obtaining a peptide sequence for m/z 717 of fraction #30. The sequence identified was too short (7-mer) for adequate protein database search. We have synthesized the peptides, and now we are in the process of confirming whether this peptide is our tumor antigen by seeing whether the fraction #30-primed CD8<sup>+</sup> T cells recognizes the peptide or not. In addition, we are in the process of sequencing the remaining peptides by tandem mass spectrometry. The work described here in part, addresses Task 7 from the Statement of Work.

### III. Address to the Statement of Work

The work presented here in this annual report has followed the Statement of Work as listed in the DOD grant. We have attempted Tasks 1, 2, and 4 with reasonable success, as well as repeated the above tasks using different LRP donors. We are confident of our in vitro priming system, and we have started addressing Task 7 of the last technical objective of this project.

#### APPENDICES

### 1. Key Research Accomplishments:

- Acid-extraction of peptides bound to HLA Class I molecules
- Reversed-phase separation of peptides by HPLC
- Successful priming of CD8<sup>+</sup>T cells using dendritic cell-loaded peptides
- Identification of 12 primed-CD8<sup>+</sup> T cell cultures capable of recognizing the original tumor
- Mass spectrometric analysis of peptides
- Reversed-phase separation of protein extracts by HPLC
- Successful priming of CD4<sup>+</sup> T cells using dendritic cell-loaded proteins
- Identification of 12 primed-CD4<sup>+</sup>T cell cultures capable of recognizing the original tumor

### 2. List of Reportable Outcomes:

- Oral Presentation at the UPCI (University of Pittsburgh Cancer Institute) noon seminar, Sept. 10, 1998, titled "Dendritic cell-based tumor antigen discovery system: Work in Progress"
- Poster presentation at Experimental Biology '99, April 17-21, in Washington, D.C., titled "Priming CD4<sup>+</sup> and CD8<sup>+</sup> T cells against epithelial proteins and peptides using a dendritic cell-based tumor antigen discovery system"

## **ABSTRACT FOR EXPERIMENTAL BIOLOGY '99:**

PRIMING CD4<sup>+</sup> AND CD8<sup>+</sup> T CELLS AGAINST EPITHELIAL PROTEINS AND PEPTIDES USING A DENDRITIC CELL-BASED TUMOR ANTIGEN DISCOVERY SYSTEM

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The prospect of successful immunotherapy against tumors relies on the discovery of new tumor-specific antigens capable of stimulating immune responses in the host. We have tested a novel tumor antigen discovery system that utilizes dendritic cells (DCs) as antigen-presenting cells to prime naïve T cells against peptides and proteins isolated from an epithelial tumor cell line (MS) that does not express the other known epithelial tumor antigens, MUC-1 and Her-2/neu. We isolated HLA Class I molecules from the tumor, and acid-extracted the bound peptides. The peptides were then fractionated by reverse-phase HPLC, and individual fractions were collected and loaded onto DCs to prime naïve CD8+ T cells. Our preliminary results show that we have been able to prime CD8+ T cells to specific peptide fractions. We have also fractionated protein extracts from the tumor using reverse-phase HPLC, and loaded the individual fractions onto dendritic cells to prime naïve CD4<sup>+</sup> T cells. We have identified an immunostimulatory protein fraction containing predominantly two proteins of 17 kD and 19 kD. Our results so far validate the usefulness of this new dendritic cell-based tumor antigen discovery system. (Supported by DOD grant DAMD 17-9-1-7057 to H.K. and NIH grant 1PO1CA 73743 to O.J.F.)